The pedagogy of disgust: the ethical, moral and political implications of using disgust in public health campaigns

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Abstract

The developers of public health campaigns have often attempted to elicit disgust to persuade members of their target audiences to change their behaviour in the interests of their health. In this critical essay, I seek to problematise this taken-for-granted and unquestioned tactic. I assert that the pedagogy of disgust in public health campaigns has significant ethical, moral and political implications. In outlining my argument, the literature on the social, cultural and political elements of disgust is drawn upon. I also draw more specifically on scholarship demonstrating the ways in which disgust has operated in relation to health and medical issues to reinforce stigmatisation and discrimination against individuals and groups who are positioned as disgusting. It is concluded that advocates of using such tactics should be aware of the challenge they pose to human dignity and their perpetuation of the Self and Other binary opposition that reinforces negative attitudes towards already disadvantaged and marginalised individuals and social groups.

Introduction

A recent Australian anti-obesity campaign features a video advertisement showing a middle-aged man in his kitchen. He reaches into his fridge to take out a slice of left-over pizza. As he holds it, wondering whether to go ahead and wolf it down, he glances down at his belly. His other hand squeezes the flesh there, as the camera suddenly swoops into the inside of the man's body. The voice-over says, 'When you eat more than you need to and aren't as active as you should be, fat doesn't just build up around your waist. A toxic fat also builds up around your vital organs, releasing dangerous levels of chemicals that bring heart disease, diabetes and cancer closer.' Viewers are treated to images of bubbling slabs of bright yellow, blood-streaked fat covering glistening red body organs. The camera goes back to the man as he gazes pensively through a doorway at his young sons playing happily on a computer game. The voice-over continues: 'Fat around your waist is bad, but toxic fat around your vital organs is worse.' The viewer is left in suspense, wondering if this dad will let himself and his family down by indulging his desire for pizza and thereby adding to his 'toxic' visceral fat.

Other advertisements in the campaign show a man drinking a sugary canned drink, a woman deciding to walk to the shops instead of driving, a man choosing not to drive into a fast-food restaurant, a woman taking the stairs rather than the escalator and another woman eschewing packaged junk food at a supermarket. All feature the same images of what the campaign refers to as the 'toxic fat' covering body organs to demonstrate how eating the wrong foods or not engaging in enough exercise could lead to developing this substance inside one's body (these advertisements may be viewed here: http://www.livelighter.com.au/the-facts/about-livelighter/see_our_ads.aspx).

These advertisements, part of the 'LiveLighter' campaign sponsored by the West Australian health department, the Cancer Council and the National Heart Foundation, are more recent contributions to a series of public health campaigns that have been regularly conducted for health promotion purposes in wealthy developed countries, including not only Australia but also the USA, Canada, the UK, New Zealand and the nations of northern Europe. In these countries government-funded departments and authorities (most commonly

federal or state departments of health) and independent organisations such as foundations focused on specific diseases such as cancer, heart disease, stroke, HIV/AIDS and other sexually transmissible diseases or conditions such as obesity have funded numerous mass media campaigns directed at health behaviours. These entities frequently collaborate with each other in developing public health campaigns, as in the case of the LiveLighter campaign.

The images in the LiveLighter advertisement share similarities with past anti-smoking campaigns in Australian and elsewhere that have shown confronting images gangrenous limbs or digits, lungs covered with black tar or distorted with a cancerous growth, a bleeding brain, arteries clogged with a thick substance, a mouth disfigured by cancerous lesions, emaciated people in hospital beds struggling to breathe, people coughing up blood and so on. Indeed the stylistic features of the LiveLighter campaign suggest that it is replicating the Australian 'Every cigarette is doing you damage' anti-smoking campaign that was first aired in the late 1990s and then revived in 2009 (these advertisements may be viewed here; http://www.youtube.com/watch?v=s2E5iGHBWaw). The anti-smoking campaign featured a number of different television advertisements, each focusing on a different organ or body part: the arteries, the brain, the lungs and eyes. They began with footage of a person lighting up a cigarette and inhaling, with the camera following the passage of the smoke into her or his body. As the voice-over described how the cigarette smoke was affecting the internal organs, they were shown as contaminated and diseased. Similar images are used on tobacco packets in Australia and over 40 other countries as deterrences to smokers (Azagba and Sharaf 2013).

While imagery and words evoking disgust have been common in such Australian public health campaigns, they are also frequently used in North America (Gagnon, Jacob and Holmes 2010; Linnemann, Hanson and Williams 2013). For example a 2009 New York City council media campaign attempted to deter people from consuming sugary fizzy drinks by rendering them disgusting and showing their effect on body composition. A television advertisement for this campaign featured a man thirstily gulping down thick yellow fat from a fizzy drink can, the stuff running greasily down his chin, in an attempt to demonstrate how easily sugary drinks can transform into viscous body fat. The fat is shown blood-streaked to demonstrate that it is body fat rather than dietary fat that he is consuming (http://www.youtube.com/watch?v=-F4t8zL6F0c) Print advertisements showed the same substance being poured into a glass from a drink can. A follow-up campaign run in 2013 used a television advertisement targeted at sugary fruit-based drinks, and employed images of a fat male torso with the word 'obesity' emblazoned in large letters across it, bandaged feet showing one foot with amputated toes in a bed with the word 'diabetes' across the image, and in similar imagery to that of the LiveLighter campaign, pulsing red internal organs with the words 'amputation', 'heart attack', 'vision loss' and 'kidney failure' (http://www.youtube.com/watch?v=xdE2ohqKbTk).

What does this use of disgust as an educational strategy (or what I here term the 'pedagogy of disgust') reveal about dominant notions of human behaviour and appropriate educational and persuasive strategies in health education and health communication discourse and practice? What are the (often unintended) ethical, political and moral dimensions of the use of disgust in public health campaigns? In this article I seek to problematise the pedagogy of disgust by addressing these questions. I begin with an overview of the ways in which graphic and confronting images as a pedagogical strategy (including those that seek to elicit

disgust) are represented and evaluated in the mainstream health education and health communication literature. I then move on to literature on the theorising of disgust, particularly writings that highlight the social and cultural dimensions and implications of disgust. The article ends with a critique that identifies some of the ethical, moral and political dimensions of employing the pedagogy of disgust for health education purposes.

The pedagogy of disgust

As part of persuading their target audiences to take up or relinquish behaviours and practices in the interests of their health, the developers of public health campaigns, like commercial advertisers, often seek to arouse an emotional response. Emotional appeals may include not only the fear of ill-health, disease, disfigurement or an early death, but also shame, humiliation, concern about appearing unattractive or sexually undesirable – and disgust. Brown and Gregg (2012) describe the 'pedagogy of regret' used in public health campaigns against binge-drinking which feature young people experiencing negative experiences such as losing control of their bodies (vomiting, engaging in unwanted sexual encounters or fights) as a result of becoming intoxicated. Similarly, one might also use the term the 'pedagogy of disgust' to encompass the use of disgust as a motivating force in public health campaigns. Such campaigns have a pedagogical function because they are positioning themselves as authoritative voices, disseminating information to target audiences.

The linking of risk with emotion is a central strategy of health promotion. I have elsewhere described the 'emotion-risk assemblage' (Lupton 2013a), or the configuration of human and non-human actors that combine to give meaning to both risk and emotion. Health promotion campaigns employing disgust attempt to configure a particular kind of emotion-risk assemblage, in which the already emotionally-resonant meanings of risk are bestowed with additional power through their association with revulsion. The logic underpinning the use of such images to evoke intense emotional responses from target audiences is that members of these audiences are apathetic or resistant to the health messages public health authorities are attempting to convey to them (Crawshaw 2012; Gagnon, Jacob and Holmes 2010; Lupton 1995, 2013a, 2014). Materials employing the pedagogy of disgust may combine facts and figures to bolster their authority, but they are essentially attempting to elicit a negative affective response in a very overt manner. The health education literature and documents discussing campaign materials are replete with writers advocating for the use of what are variously referred to as 'shock tactics' or 'distressing', 'threatening', 'disturbing' or 'graphic imagery' in mass media campaigns to provoke behaviour change in target audiences (Lupton 2014).

Thus, for example, the developers of the LiveLighter campaign note that it 'uses innovative, hard-hitting strategies to jolt people out their complacency about being overweight or obese … The creative approach is graphic and confronting' (campaign pamphlet). Two official evaluations of the Australian 'Every cigarette is doing you damage' anti-smoking note approvingly that the advertisements 'produced a strong visceral "yuk!" response' in viewers (Hill and Alcock 1999, 14) and that the proportion of respondents describing smoking as 'disgusting' increased following of one of the campaign's phases, which was one of the campaign's objectives (Donovan and Jalleh 2004). Such statements as 'fear appeals constitute a fundamental element in health risk communication' (Cho and Salmon 2006, 91) are routinely made in the health education literature.

There is an extensive literature directed at evaluation of the effectiveness of using confronting emotional appeals in public health campaigns and other materials such as cigarette packets, almost all of which takes a cognitive or social psychological and quantitative approach (for example, Azagba and Sharaf 2013; Brown and Richardson 2012; Cho and Salmon 2006; Humphris and Williams 2013; van 't Riet, Ruiter and de Vries 2012; Witte and Allen 2000). Much of this research focuses on the use of fear elicitation rather than disgust. However there is evidence of a growing interest among health education and health communication researchers in evaluating the effectiveness of disgust, either separately or combined with fear appeals (see for example, Humphris and Williams 2013; Leshner, Bolls and Thomas 2009; Wakefield et al. 2013; Wu and Morales 2012).

Evaluations of the effectiveness of confronting emotional appeals are equivocal. Many researchers have concluded that 'graphic imagery', including disgust-inducing images, can be effective in conveying the main messages of the campaigns and evoke feelings of discomfort, revulsion and shock in target audiences about the risks posed by behaviours such as cigarette smoking, excessive alcohol use, illicit drug use and over-eating. Not surprisingly, given the dramatic nature of the images and related verbal warnings that are employed, these campaigns clearly capture audiences' attention. These responses are often considered to be evidence of the success of such campaigns. Indeed combining fear and disgust appeals are viewed as particularly effective in public health campaigns in terms of drawing attention to the health threat (Wu and Morales 2012).

However the evidence from this research is less clear about the capacity of shocking imagery and texts to influence sustained behaviour change. Indeed some studies have suggested that these images and texts may have the unintended and counterproductive effect of causing target audiences to avoid the confronting messages by responding with perceptual and cognitive defence mechanisms – in effect engaging in avoidance or denial that the risk affects them or a fatalistic acceptance of risk (Brown and Richardson 2012; Cho and Salmon 2006; Humphris and Williams 2013; van 't Riet, Ruiter and de Vries 2012; Witte and Allen 2000). The researchers' suggested solutions for overcoming this phenomenon of 'attentional disengagement' include such strategies as limiting the incidence of distressing or confronting imagery and separating this imagery from information components of the advertisement (Brown and Richardson 2012), investigating the interaction of fear responses with other strong emotional responses (including disgust) (Witte and Allen 2000) or targeting 'high threat' material to individuals 'high in avoidance orientation' (van 't Riet, Ruiter and de Vries 2012) for maximum effect.

A more critical stance going beyond questions of efficacy to those addressing the ethical, moral and political implications of using these tactics rarely makes an appearance in this literature. Yet I would contend that these implications need to be identified and addressed before persisting any further with attempts to use disgust for pedagogical purposes as part of promoting public health.

Theorising disgust

There is a fascinating literature on the social, cultural and political dimensions of disgust. For reasons of space I am unable to do full justice to this scholarship here, but seek to identify some main aspects that are relevant to the argument I am presenting. While many critics disagree with the notion of a universal 'core disgust' response that operates across cultures

(Durham 2011), the acculturated meanings and understandings associated with disgust in specific social and cultural contexts may be identified. Several scholars of disgust as it is experienced in developed societies such as the United States and other countries in the global North have pointed to the association of (non-human) animality with disgusting phenomena, as well as to evidence of the human body that is *in extremis* (dead, very ill, diseased or corrupted in some way). 'Animal reminder disgust' (a term first coined by Rozin and his colleagues) relates to phenomena that remind people of the animality or fleshly reality underlying the veneer of human civilisation, confronting us with the idea of our physicality, our vulnerability and the inevitable decay of ageing and death (Haidt et al. 1997; McGinn 2011; Rozin and Fallon 1987).

The phenomena that arouse this type of disgust includes human bodily products and breaches of the 'envelope of the body' (Haidt et al. 1997) such as wounds, views of internal organs, blood, vomit, excreta, the corpse and so on. The underpinnings of this type of disgust appear to be symbolic and philosophical, related to loss of rational containment of the body and the challenge to the Cartesian duality of mind and body that attempts to position humans as superior to other animals (Haidt et al. 1997). It is particularly relevant to the pedagogy of disgust employed in public health campaigns, as evidenced in the examples of advertisements discussed earlier, in which bleeding, gangrenous, amputated or diseased body organs were prominent features.

Some theorists have also made reference to what I term 'liminality disgust': that generated by the transgression or indistinctness of cultural boundaries (Douglas 1969; Kristeva 1982; Miller 1997). There are overlaps of liminality disgust with animal reminder disgust, but they also differ from each other in some aspects. Liminality disgust may be generated by in-between organic substances – the slimy, the oozing, the mucoid, the viscous. Such matter cannot be rigidly categorised into binary oppositions such as inside/outside, solid/fluid and life/death and therefore provoke anxiety, unease and disgust. Here again, this type of disgust may be commonly viewed in public health advertisements, such as the viscous fat shown in the LiveLighter and New York anti-soda campaigns.

Importantly, however, liminal disgust need not be elicited solely in response to organic matter but may be a response to symbolic categories and their breaching. According to Douglas' (1969) well-known writings on purity and danger, any anomalous phenomenon, including individuals and social groups, may be identified as impure, contaminating and disgusting as part of a cosmology constructed of organising principles of understanding and dealing with the world. Those phenomena that are designated as anomalies are treated with revulsion because they threaten the ordering of a society and the principles by which it is governed.

This raises the issue of the moral and political uses of disgust. Several scholars have argued that disgust can be employed as a means of distinguishing Self from Other, reinforcing prejudice and bigotry, marginalising outgroups and therefore operating as a challenge to their human dignity (de Melo-Martín and Salles 2011; Nussbaum 2004; Taylor 2007; Tyler 2013). This 'moral disgust' may be interpreted as a response that is primarily based on understandings of what is appropriate and just social behaviour. It is often accompanied by anger and contempt for those who are categorised as 'disgusting'. Practices considered morally wrong according to the accepted norms of behaviour in specific cultural or social groups may evoke disgust, even when there is no obvious or direct relationship to

physical matter. These understandings are phrased through judgements that attribute 'rightness' to certain social groups and 'wrongness' to others that are based not on potential biological contamination but assessments of moral worth and social standing (Deigh 2006; Durham 2011; McGinn 2011; Miller 1997; Nussbaum 2004; Shimp and Stuart 2004; Tyler 2013).

Moral disgust is intimately related both to animal reminder and liminality disgust, particularly as it is expressed in relation to health threats. As I will demonstrate in more detail below, individuals or social groups who are considered to be animal-like in their lack of control of their bodies or to straddle cultural boundaries, lack appropriate hygiene and bring illness or disease upon themselves and thus allow their bodies to be corrupted are frequently responded to with moral disgust. This raises important questions for the use of the pedagogy of disgust in public health communication campaigns.

Ethical, moral and political dimensions

In relation to the use of disgust and shame in the law, Nussbaum (2004) contends that disgust is an unreasonable emotion because it projects our fear and anxiety about physical decay and death onto the certain individuals and social groups, people who are already socially marginalised and stigmatised. Instead of attempting to reduce their social disadvantage, our disgust positions them as inferior. We turn away from them, representing them as less than human as ourselves. It is here that disgust poses a threat to the worth, equality and dignity of those who are positioned as its object. Nussbaum argues, therefore, that disgust should have no role in constructing and enforcing laws, as it fails to recognise the humanity of all people.

This ethical argument should also be extended to the public health domain. The overriding moral imperative in public health endeavours tends to be focused on the attempt to pursue a utilitarian 'health for all' ideal. As a consequence, other ethical issues and their moral underpinnings can sometimes be neglected. Little commentary from within public health has sought to examine the ethical questions associated with inspiring negative emotions in target audiences. As evidenced in the literature reviewed above, there appears to be a widespread, unexamined agreement that if a public health issue is at stake, then it is appropriate to use confronting tactics to persuade people to change their behaviour. When negative emotional appeals are held up to scrutiny within the public health or health communication literature, this is generally on the basis of debating whether or not they are effective rather than the ethics of their use. Indeed the conviction of many health education advocates that using graphic and confronting images and other warnings in public health campaigns is justified can be so strong that they may respond very emotively themselves to challenges to this position (Alderman, Dollar and Kozlowski 2010; Lupton 2013a).

An ethical critique, however, is not so much interested in the effectiveness of these tactics but rather in their implications for justice. If there is a convincing argument that a public health campaign fails to meet ethical principles, unless a simple utilitarian ethical stance is taken (whereby the ends always justify the means) whether or not it is effective is beside the point. Such questions may be asked as: To what extent do audiences for these campaigns give their consent to be exposed to these disturbing images or language? How do such campaigns contribute to the stigmatising of certain individuals or social groups? Do the negative emotions aroused by such campaigns contribute to the intensity and longevity of psychological states as anxiety, shame, guilt, self-loathing and fear of social rejection or

death on the part of audiences, and is this a desirable outcome? At what point does 'persuasion' slide into 'coercion'? To what extent do public health campaigns present illness and disease as the fault of those who develop them – effectively 'blaming the victim' – in the face of evidence that such conditions are the product of a complex interaction of social and economic as well as self-chosen lifestyle factors (Gagnon, Jacob and Holmes 2010; Guttman and Salmon 2004; Lupton 1995, 2014)?

Haidt *et al.* (1997) contend that all categories of disgust act as either literal or symbolic 'guardians of the temple of the body' against disease, pollution, loss of dignity or spiritual desecration. I would further argue that all types of disgust centre on distinctions between Self and Other. Those members who rank the most highly in social hierarchies tend to be considered less disgusting than others (Deigh 2006; Nussbaum 2004; Tyler 2013). A repeated motif across the centuries in portrayals and descriptions of the infected and diseased is their representation as the uncontained and feared Other. The Other has routinely been conceptualised as 'risky': polluting, the bearer of disease and as threatening the integrity and social or physical health of an individual or group (Ali 2008; Crawford 1994; Gagnon, Jacob and Holmes 2010; Lupton 1995, 2013a, 2013b, 2013c). In relation to disease, throughout history groups such as Jewish people, Chinese and other foreigners, non-white people, prostitutes or other 'licentious' women and the poor have been constantly singled out as particularly worthy of disgust for their supposed immorality, lack of hygiene and inability to control their bodily urges (Brandt and Rozin 1997; Lupton 1995; Nelkin and Gilman 1991).

Disgust is closely associated with the emotions of fear and hatred incorporated into such responses as racism, sexism, homophobia and discrimination against fat people, those with disabilities and the elderly. Contemporary examples include negative portrayals of Chinese Canadians in relation to the SARS epidemic (Ali 2008) the representation of elderly people with Alzheimer's Disease as 'zombies' or 'walking corpses' (Behuniak 2011) and of the aged body generally as ugly, decayed, incontinent and diseased (Van Dongen 2001), portrayals of fat people in the news media as repellent and grotesque (Boero 2007; Lupton 2013c), and representations of people with HIV/AIDS as the living dead (Niehus 2007).

When members of social groups are portrayed as the disgusting Other, there is often a slippage between 'monsters' and 'people'. Such individuals become dehumanised and demonised, no longer treated as 'real' humans due the kinds of rights and privileges to which others are entitled (Ali 2008; Behuniak 2011; Nussbaum 2004; Tyler 2013). Thus, for example, smokers as often portrayed as immoral, stupid and impure, and even as less deserving of medical attention (Rozin and Singh 1999).

Many of these issues are simply ignored or discounted by public health authorities who continue to use negative emotional appeals in social marketing campaigns in ways that expose the whole community, not just the target groups, to the fear- or disgust-evoking images they have created. There is little recognition of the consequences that may result from the fear, shame, revulsion, guilt, humiliation, self-loathing and anxiety that such campaigns deliberately seek to inspire, or even of the discomfort audiences may feel when forced to view these images, whether they are members of the target audience or not.

The psychologically or socially vulnerable may be most affected by these appeals. Psychological research suggests that people who already feel disempowered, psychologically distressed or who are socioeconomically disadvantaged tend to feel worse or to feel powerless after exposure to such campaigns (Hastings, Stead and Webb 2004). As a

qualitative study investigating underprivileged people's responses to public health campaigns using negative emotional appeals found, common responses were anger, retreat, guilt, passive helplessness and despondency, rather than empowered decisions to act. Despite these findings, the authors then go on to advocate future research into how best to use shame as a motivating emotion (in their words, how it might be 'usefully deployed') in such campaigns (Brennan and Binney 2010). Target audiences may also feel resentment and defensiveness towards the use of disgust tactics, a sense of defeat and even anger and defiance, vowing to continue their behaviour in the face of obvious strategies to persuade them otherwise (Thompson and Kumar 2011; Thompson, Barnett and Pearce 2009).

It is evident from such research and from the comments of activist groups that the marginalised individuals and social groups to whom disgust is directed are highly aware of their positioning. Smokers are highly aware of their status as 'disgusting' and 'deviant' that is perpetuated via some anti-tobacco campaigns (Thompson and Kumar 2011; Thompson, Barnett and Pearce 2009). Fat people have commented on the abuse and discrimination they have endured, not only from strangers but also at the hands of family members since the intensification of public discourse on the risks of obesity, including the representation of fat bodies as diseased and grotesque in public health campaigns. They have noted that being positioned as disgusting can lead to intense feelings of self-hatred and shame (Kent 2001; Lupton 2013c).

Another aspect to consider in relation to the use of disgust in public health campaigns is the possible resistance that may be generated. Public health campaigns directed at arousing fear, shame or disgust as a means to promote the self-disciplined citizen almost completely ignore the pleasures that may be involved in transgressive behaviours. As cultural theories of disgust have noted, that which arouses disgust can also be fascinating (Haidt et al. 1997; Kristeva 1982; McGinn 2011; Miller 1997). Just as transgression and the disgusting may be fascinating, difficult to turn away from at the same time as they repel, behaviours or bodily fluids that are culturally coded as disgusting may also be a source of pleasure. Loss of control of the body, the opportunity to engage in revelry, to use pleasurable substances, to invite the grotesque and transgressive body to take over the 'civilised' body for at least a short while, can often be very enticing (Bunton and Coveney 2011; Lupton 1995, 2013a, 2013b, 2013c; Thompson and Kumar 2011).

In such a context the capacity for disgust to motivate self-discipline is weakened significantly. Thus, for example, young women using Facebook often represent a 'big night out' of binge-drinking as involving transgressions such as vomiting, urinating or even defecating in public. They typically portray these transgressions as humorous indications of how drunk they were, how little able to control their bodies, rather than as evidence of a shameful or humiliating loss of control. It has been claimed, in fact, that public health advertisements which emphasise the excessive and transgressive nature of such activities as binge drinking can serve to support the positive meanings people may attribute to loss of control as part of a hedonistic Friday or Saturday night social drinking session (Brown and Gregg 2012).

Final remarks

The logic of fear and that of disgust when employed in public health campaigns share similar practices and meanings. These include the desire to shock to draw attention to the health risk

that is being tackled by the campaign. Both fear and disgust logics work to position a behaviour or an entity (such as a disease or illness or an unhealthy product) or even an individual or social group (who may be infected with a serious disease or tempt others into engaging in risky behaviours) – as posing a threat. Audiences are invited to avoid the threat either by personalising it ('this is my problem') or by distancing themselves from it, ensuring that they avoid the behaviour, entity or people.

Although fear and disgust are frequently discussed in the health education and communication literature as separate entities, I would contend that it is difficult, if not impossible, to separate fear from disgust, just as risk cannot be separated from emotion (Lupton 2013a). As noted above, disgust responses often incorporate a fear of one's body's envelope being breached, of contamination, contagion and disease and of the individuals or groups who might cause these ill-effects (although the reverse is not necessarily true: fear tactics may not involve disgust). When disgust is combined with fear, because disgust evokes repulsion and notions of dirtiness, contamination and decay, these phenomena are bestowed with a different set of meanings. Fearsome entities may be viewed as powerful, but when they are also presented as disgusting they become degraded and contemptible. More so than in the case of fear alone, the meanings of disgust involve notions of 'proper' comportment, containment of the body and ideas related to deviance and moral judgements that inspire anger and contempt for individuals or social groups.

Disgust is also implicated to a greater extent in repulsion: 'Disgust makes us step back, push away, or otherwise draw a protective line between the self and the threat' (Haidt et al. 1997, 127). Hence the common cognitive strategy identified in the psychological research discussed earlier of 'distancing' oneself from these phenomena. This response poses a conundrum to health educators who want to draw attention to their campaign messages by employing 'shock tactics': too much 'shock' when combined with disgust creates counter-productive aversion.

My concern, however, is not in relation to the counter-productive nature of using disgust as a pedagogical strategy. I have argued in this article that the use of appeals to the emotion of disgust in public health campaigns has serious political, moral and ethical implications that require acknowledgement. While such campaigns are generally formulated with the best of intentions – to promote the health of their target audiences – the manner in which this objective is sought, and the unintended consequences that may possibly eventuate need to be identified. Advocates of using such tactics should be aware of the challenge they pose to human dignity and their perpetuation of the Self and Other opposition that marginalises already disadvantaged individuals and social groups and represents them as inferior.

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